

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/575044		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2		/		/			52		
3		/		/			53		
4		2		/			54		
5		/		/			55		
6		1		/			56		
7		1		/			57		
8		1		/			58		
9		1		/			59		
10		1		/			60		
11	/		/				61		
12		/		/			62		
13		/		/			63		
14		2		/			64		
15		/		/			65		
16		1		/			66		
17		1		/			67		
18		1		/			68		
19		1		/			69		
20		1		/			70		
21							71		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.	↓	↓
TOTAL DEP.	19	←	18	←		←	TOTAL DEP.	←	←
TOTAL CLAIMS	21		20				TOTAL CLAIMS		

PTO - 1360 (REV. 11/04)

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